COR Verification of Contractor Access

Complete this page and have your Contracting Officer's Representative (COR) sign it.

LAST NAME	FIRST NAME	PHONE NO.
CONTRACT NO.		EXPIRATION DATE
CLEARANCE LEVEL		
Unclass Classified	Secret Confidential	
COR NAME	CC	OR ACTIVITY
DSN PHONE	COMM PHONE	FAX
		euring Contracting Officer's (PCO) if a COR is not ter (CSC) when access is no longer required to the NOLS
COR/PCO SIGNATURE		DATE
MARKET ILLUMI I I I I I I I I I I I I I I I I I I		
Upon completion of all sections	by the requesting party and signa	ture by a representative, mail or fax to:

NOLSC - CSC

P.O. Drawer 410 Yorktown Naval Weapons Station Yorktown, Virginia 23691 1-800-300-5442 (757) 887-7297 FAX (757) 887-4841 DSN (953)